

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/02/2019
FORM APPROVED
OMB NO. 0938-0391

45th day
1-26-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION POC #1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445256		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/12/2018	
NAME OF PROVIDER OR SUPPLIER HARTSVILLE CONVALESCENT CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 649 MCMURRY BLVD HARTSVILLE, TN 37074			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A recertification survey and complaint investigation #46045 and #46138 were completed on 12/10/18-12/12/18 at Hartsville Convalescent Center. Substandard Quality of Care was identified and cited related to monitoring psychotropic medication side effects and behaviors at a "F" scope and severity. No deficiencies were cited related to the complaint investigation under 42 CFR PART 483, Requirements for Long Term Care Facilities. An Extended Survey was completed on 12/12/18 related to monitoring psychotropic and antipsychotic medication side effects and behaviors.			F 000	F 550 The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section Our facility will treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. Our facility will protect and promote the rights of the resident. Our facility will provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. Our facility will establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. Our residents have the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and			F 550			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Deborah Bensley *NHA* *1-11-19*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER

HARTSVILLE CONVALESCENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

**649 MCMURRY BLVD
HARTSVILLE, TN 37074**

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F 550

Continued From page 1

practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.

§483.10(b) Exercise of Rights.
The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.

§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.

§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.

This REQUIREMENT is not met as evidenced by:
Based on medical record review, observation and interview, the facility failed to provide dignity for 1 of 18 residents (#30) being served a meal tray during the noon meal.

The findings include:

Medical record review revealed Resident #30 was admitted to the facility on 10/22/18 with diagnoses including Vascular Dementia with Behavioral Disturbances, and Memory Deficit following Cerebrovascular Disease.

Medical record review of the admission Minimum Data Set dated 11/19/18 revealed Resident #30 required extensive assist with one person physical assist with eating.

F 550

Our facility will ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.

Our residents have the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.

1. The CNA's & dept. managers will be in-serviced on the process that should be followed to have all of the resident's served at the same time at each table. Staff will be reminded that whoever checks the meal tickets for the dining rooms should be sure the tickets follow the residents that are eating at the same table & that they must consider if one resident at the table is an assisted diner, then the remaining at the table cannot be served until the assisted diner receives their meal

2. The kitchen personnel will be in-serviced/reminded they are to keep the meal tickets as the CNA's have sorted them to ensure the residents eating at the same table are served at the same time

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F 550	Continued From page 2 Observation on 12/10/18 at 12:19 PM in the main dining room revealed Resident #30 sitting at a table with Resident #34. Further observation revealed Resident #34 received a meal tray at 12:19 PM and Resident #30 received a meal tray at 12:28 PM after 14 other residents in the dining room were served their meal trays. Interview with Certified Nursing Technician #1 on 12/10/18 at 12:30 PM in the main dining room revealed Resident #30 sits at the table with Resident #34 and is served a meal tray last due to needing assistance with eating. Interview with the Director of Nursing on 12/11/18 at 2:55 PM in her office confirmed staff were to serve all residents at the same table before serving residents at another table.	F 550	3. The dining process will be monitored by nurse managers, dept. managers, DON, and/or the administrator for one (1) month, thereafter by the dept managers who are assigned for dining duty, to ensure the residents meals are delivered as they should be. Any issues identified will be addressed/corrected immediately. 4. The findings from monitoring the dining room meals will be reviewed during the weekly QAPI/IDT for one (1) month. The upcoming QAQAPI quarterly meeting will also review the findings and will offer any additional recommendations.		1-18-19
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to follow the physician's order for a nebulizer treatment for 1 (#47) of 7 residents receiving respiratory therapy. The findings include: Medical record review revealed Resident #47 was admitted to the facility on 9/7/17, was discharged	F 658			

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F 658	<p>Continued From page 3</p> <p>to the hospital on 10/23/18, and readmitted to the facility on 10/26/18 with diagnoses included Chronic Respiratory Failure with Hypercapnia, and Cardiovascular Disease.</p> <p>Medical record review of a Physician Order dated 10/26/18 revealed Duoneb inhaler (respiratory treatment) 3 ml (milliliters) q 6 hr (every 6 hours). Further review of a Telephone Physician Order dated 11/27/18 revealed Ipratropium-Albuterol (Duoneb) inhalation 0.5-3mg (milligrams) (2.5mg base)/3ml, 1 vial, q 4 hr PRN (as needed).</p> <p>Medical record review of the December 2018 recapitulation Physician Order, not signed by the physician, revealed the Duoneb 0.5-3milligram (mg)/3 Ampul-Neb 1 unit dose nebulizer Tx (3ml) every 6 hours with the notation of "Discontinued." Further review of the December recapitulation orders revealed the Duoneb PRN (as needed) was not on the orders.</p> <p>Medical record review of the Medication Administration Record (MAR) for 11/2018 and 12/2018 revealed the Duoneb every 6 hours was discontinued on 11/27/18.</p> <p>Interview with the Director of Nursing (DON) on 12/12/18 at 11:10 AM in her office after review of the physician orders, confirmed the Duoneb was ordered every 6 hr on 10/26/18, an order for PRN Duoneb as added on 11/27/18, and there was no order to discontinue (d/c) the Duoneb every 6 hours. Further interview confirmed the facility d/c'd the every 6 hour Duoneb without a doctor's order. Further interview confirmed the December 2018 recapitulation orders had the every 6 hour Duoneb d/c and failed to include the PRN Duoneb. Further interview confirmed the facility</p>	F 658	<p>F 658</p> <p>The services provided or arranged by this facility, as outlined by the comprehensive care plan, will meet professional standards of quality.</p> <p>1.Nursing staff will be in-serviced on how to correctly follow the MD order for a nebulizer treatment for resident # 47 & will also be reminded that the M.D orders must be signed within an appropriate time frame.</p> <p>2.Resident #47 order has been clarified. The DON/designee will monitor MD orders for one (1) month then Thereafter by assigning medical records the responsibility of ensuring orders are being followed appropriately as well as ensuring MD orders are signed within the required time frame.</p> <p>3.The DON will review her findings during the weekly QAPI meetings for one (1) month along with any recommendations she may have.</p> <p>4. The DON will then review her findings and recommendations during the upcoming quarterly QA and will ask for any recommendations from the QA.</p>	1-18-19	

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F 658	Continued From page 4 failed to follow the Physician's Order.	F 658	F 712 The residents will be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter.		
F 712 SS=D	Physician Visits-Frequency/Timeliness/Alt NPP CFR(s): 483.30(c)(1)-(4) §483.30(c) Frequency of physician visits §483.30(c)(1) The residents must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 thereafter. §483.30(c)(2) A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. §483.30(c)(3) Except as provided in paragraphs (c)(4) and (f) of this section, all required physician visits must be made by the physician personally. §483.30(c)(4) At the option of the physician, required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with paragraph (e) of this section. This REQUIREMENT is not met as evidenced by: Based on facility policy review, medical record review, and interview, the facility failed to ensure physician orders were signed since 10/2/18 for 2 (#47, #10) of 37 residents reviewed. The findings include: Review of an undated facility Physician Services Policy, revealed "...Frequency of physician visits - Each res [resident] shall be seen by a physician at least once every 30 days for the first 90 days after admission. Physician visits must be at least	F 712	A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required except as provided in paragraphs © (4) and (f) of this section, all required physician visits must be made by the physician personally. At the option of the physician, required visits in SNFs, after the initial visit, may alternate between personal visits by physician and visits by a physician assistant, nurse practitioner of clinical nurse specialist in accordance with paragraph (e) of this section 1.Residents #47 & #10Nursing staff will be in serviced on the required time frame for the MD visits and advised to make the DON and administrator aware of any issue they may have. The administrator will also make the owner aware if the MD does not make his visits within the required time frame. 2.The DON/designee will monitor the MD orders for three (3) months ensuring the orders are being signed timely.		

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F 712	<p>Continued From page 5</p> <p>once every 60 days thereafter. A physician visit is considered timely if it occurs no later than 10 days after the date the visit was required...All required physician visits will be made personally by the physician unless this task has been delegated to a duly authorized individual under Federal and State regulations. After the initial visit, at the option of the physician, visits may alternate between the physician and a physician assistant, nurse practitioner and or clinical nurse specialist..."</p> <p>Medical record review revealed Resident #47 was admitted to the facility on 9/7/17, was discharged to the hospital on 10/23/18, and readmitted to the facility on 10/26/18 with diagnoses included Chronic Respiratory Failure with Hypercapnia, and Cardiovascular Disease.</p> <p>Medical record review of the Physician's Telephone Orders from 10/2/18 to the present, and the recapitulation Physician Orders dated 11/2018 and 12/2018 had not been signed by a member of physician services.</p> <p>Interview with the Director of Nursing on 12/12/18 at 11:10 AM in her office, after reviewing the physician orders, confirmed the "...physician had not signed an order since 10/2/18 and was to sign orders every visit which was monthly..."</p> <p>Medical record review revealed Resident #10 was admitted to the facility on 2/29/16 with diagnoses included Dementia without Behavioral Disturbances.</p> <p>Medical record review for Resident #10 revealed Physician's Orders for October 2018 and November 2018 were not signed by the</p>	F 712	<p>3. The DON/designee will review her/his findings during the weekly QAPI meeting for one (1) month. Any issues the DON may find during the next two (2) months will be brought to the weekly QAPI meeting.</p> <p>4. The DON will bring her findings to the next upcoming QA meeting and ask for any recommendations the committee may have.</p>	1-18-19	

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F 712	Continued From page 6 physician.	F 712			
F 727 SS=F	<p>Interview with the Director of Nursing on 12/12/18 at 5:15 PM in her office confirmed Physician's Orders had not been signed since October 2018. Further interview revealed the physicians are to sign orders monthly. She confirmed, "...the nurses are supposed to remind the physicians to sign orders and I'm ultimately responsible to ensure the orders are signed..."</p> <p>RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 483.35(b)(1)-(3)</p> <p>§483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.</p> <p>§483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.</p> <p>§483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: Based on facility policy review, facility documentation review and interview the facility failed to ensure a Registered Nurse (RN) was present in the facility at least 8 hours a day 7 days a week for 38 days from 12-1-17 through 12-10-18 (374 days).</p> <p>The findings include:</p>	F 727			

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F 727	<p>Continued From page 7</p> <p>Review of an undated facility policy, RN (Registered Nurse) Coverage, revealed "...This center recognizes CMS (Centers for Medicare and Medicaid Services) requiring RNs 7 days a week..."</p> <p>Review of the daily staffing schedules from 12-1-17 through 12-10-18 revealed the facility did not have RN coverage for 38 days of 374 days with 32 of these as weekend days (12-1-17, 12-2-17, 12-10-17, 12-16-17, 12-17-17, 12-22-17, 12-29-17, 1-13-18, 1-14-18, 3-11-18, 3-24-18, 4-7-18, 4-21-18, 4-22-18, 5-5-18, 5-6-18, 5-19-18, 5-20-18, 6-2-18, 6-3-18, 6-17-18, 6-30-18, 7-1-18, 7-14-18, 7-15-18, 8-26-18, 9-8-18, 9-9-18, 9-22-18, 9-23-18, 10-2-18, 10-6-18, 10-7-18, 11-4-18, 11-17-18, 11-18-18, 12-1-18, and 12-2-18).</p> <p>Interview with the Staffing Coordinator/Assistant Director of Nursing on 12/12/18 at 8:46 AM in her office confirmed she was responsible for scheduling RN coverage. Further interview confirmed she was aware the facility was required to have RN coverage 8 hours a day 7 days a week. Continued interview confirmed she was aware the facility did not have RN coverage for 38 days including 32 of these as weekend days since December 2017.</p> <p>Interview with the Director of Nursing on 12/12/18 at 10:16 AM in her office confirmed she was aware the facility did not have RN coverage 38 days from 12/1/17 - 12/10/18 with 32 of these occurring on weekends.</p>	F 727	<p>F 727</p> <p>Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse for at least 8 consecutive hours a day, 7 days a week.</p> <p>Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full-time basis. The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.</p> <p>1. The DON has hired 2 RN that will cover the every-other weekend that is needed to complete the schedule to have 7 days of RN coverage.</p> <p>2. The DON will monitor the schedule to ensure the schedule is reflecting the 7 days a week coverage for an RN for 3 months.</p> <p>3. The DON will review her findings of the RN coverage during the weekly QAPI meetings for 3 months</p> <p>4. The DON will review her findings of the RN weekend coverage during the upcoming quarterly QA Committee meeting asking for any recommendations.</p>	1-18-19	
F 732 SS=C	<p>Posted Nurse Staffing Information</p> <p>CFR(s): 483.35(g)(1)-(4)</p>	F 732			

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F 732	<p>Continued From page 8</p> <p>§483.35(g) Nurse Staffing Information.</p> <p>§483.35(g)(1) Data requirements. The facility must post the following information on a daily basis:</p> <p>(i) Facility name.</p> <p>(ii) The current date.</p> <p>(iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:</p> <p>(A) Registered nurses.</p> <p>(B) Licensed practical nurses or licensed vocational nurses (as defined under State law).</p> <p>(C) Certified nurse aides.</p> <p>(iv) Resident census.</p> <p>§483.35(g)(2) Posting requirements.</p> <p>(i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift.</p> <p>(ii) Data must be posted as follows:</p> <p>(A) Clear and readable format.</p> <p>(B) In a prominent place readily accessible to residents and visitors.</p> <p>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on policy review, observation and</p>	F 732	<p>F 732</p> <p>The facility will post the following information on a daily basis: Facility name. The current date. The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift.</p> <p>(A) Registered nurse</p> <p>(B) Licensed practical nurses Or licensed vocational Nurses (as defined under State law).</p> <p>© Certified nurse aides</p> <p>(iv) Resident census</p> <p>The facility will post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors.</p> <p>The facility will, upon oral or</p>		

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F 732	Continued From page 9 interview, the facility failed to post the total number of licensed and unlicensed nursing staff directly responsible for resident care each shift for 3 of 3 days during the survey. The findings include: Review of an undated facility policy, Posting Daily Nurse Staffing, revealed "...This center will post daily nurse staffing per CMS (Centers for Medicare and Medicaid Services) and the State of Tennessee requirements..." Observation on 12/10/18, 12/11/18 and 12/12/18 of the posted daily staffing sheets posted in front of the Director of Nurse's (DON) office revealed no posting of the total number of staff responsible for resident care. Interview with the DON on 12/12/18 at 7:33 AM in her office confirmed she did not post the number of staff on the daily posting sheet. She stated "I don't post the numbers, just the staff."	F 732	written request, make nurse staffing data available to the public for review at a cost not to exceed the community standards. The facility will maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. 1. The director of nursing will have staffing sheets that reflects the total number of licensed and unlicensed nursing staff directly responsible for resident care each shift. The data retention requirements of 18 months will also be maintained. 2. The administrator will monitor the daily nurse staffing posting to ensure required staffing information is posted timely and with the required information for one (1) month, then periodically thereafter/ 3. The findings from the administrator's monitoring will be reviewed by the QAPI/IDT weekly for one (1) month. 4. The findings from monitoring the staffing will then be reviewed by the next scheduled QAQAPI quarterly meeting with any recommendations from the committee discussed.	1-18-19	
F 758 SS=F	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a	F 758			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/02/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445256	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/12/2018
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F 758	<p>Continued From page 10</p> <p>resident, the facility must ensure that---</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on facility policy review, medical record review, and interview, the facility failed to have a stop date for 5 residents (#9, #26, #29, #30, and</p>	F 758	<p>F 758</p> <p>Free from unnecessary psychotropic meds/prn use. These drugs include, but are not limited to, drugs in the following categories; (i)anti-psychotic; (ii)anti-depressant; (iii)anti-anxiety; and (iv)hypnotic the facility must ensure that-residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record. Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and PRN orders for psychotropic drugs are limited to 14 days. Except as provided in (e)(5). If the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/02/2019
FORM APPROVED
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER HARTSVILLE CONVALESCENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 649 MCMURRY BLVD HARTSVILLE, TN 37074		
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F 758	<p>Continued From page 11</p> <p>#47) after 14 days for PRN (as needed) antipsychotic and psychotropic medications and failed to monitor side effects and behaviors for 30 residents (#1, #2, #3, #4, #5, #8, #9, #12, #13, #14, #17, #18, #20, #21, #23, #26, #29, #30, #31, #34, #35, #36, #37, #38, #40, #41, #43, #47, #48, #49) of 33 residents reviewed.</p> <p>The findings include:</p> <p>Review of the facility policy dated 12/7/18, Psychotropic Medication Use, revealed "...PRN [as needed] orders for psychotropic drugs should be limited to 14 days. If the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order...PRN orders for antipsychotic drugs should be limited to 14 days and should not be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication...the facility should not extend PRN antipsychotic orders beyond 14 days...All medications used to treat behaviors should be monitored for Harm or adverse consequences..."</p> <p>Resident #9 was admitted to the facility on 2/10/17 with diagnoses included Dementia with Lewy Bodies, Psychotic Disorder with Hallucinations, Mood Disorder and Anxiety Disorder.</p> <p>Medical record review of the Physician's Orders dated 11/13/18 revealed "...Alprazolam [Xanax] 0.25 mg [milligram] [anti-anxiety medication] 4 tab by mouth daily as needed..." Further review revealed no stop date, clinical explanation or</p>	F 758	<p>1. Residents #1,2,3,4,5,8,9,12,13, 14,17,18,20,21,23,26,29,30,31, 34,35,36,37,38,40,41,43,47,48, & 49 all have the new Behavior/ Intervention monthly flow record now. Nursing staff will be in-serviced on the PRN/14 stop orders and the importance on communicating with the attending MD and/or the prescribing practitioner. Nursing staff will be reminded to evaluate the resident prior to the 14 day PRN orders for the appropriateness of the medication for the resident</p> <p>2. Nurses will be in-serviced to the new behavior/intervention monthly flow record that is now in place for all residents taking psychotropic meds. The new flow record includes behaviors, interventions, medications, and side effects monitoring.</p> <p>3. The DON/designee will monitor the MAR/behavior flow sheets with immediate interventions when necessary for 1 month bringing her findings to the weekly QAPI meeting.</p> <p>4. The DON will review her findings with the QA committee during the upcoming quarterly meeting</p>	1-11-19	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/02/2019
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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445256	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/12/2018
NAME OF PROVIDER OR SUPPLIER HARTSVILLE CONVALESCENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 649 MCMURRY BLVD HARTSVILLE, TN 37074		
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F 758	<p>Continued From page 12 rationale for continued use.</p> <p>Medical record review of the Physician Orders dated 12/1/18 revealed "...Haldol [Haloperidol] [antipsychotic] 5 mg/ml [milliliter] IM [intramuscular] qd [every day] for severe psychosis..." Further review revealed no stop date or clinical explanation ore rationale for continued use.</p> <p>Medical record review of the medication record dated 11/2018 revealed Haldol 5 mg/ml IM daily PRN for severe psychosis and Alprazolam 0.25 mg by mouth daily for anxiety were administered.</p> <p>Resident #26 was admitted to the facility on 6/22/16 with diagnoses included Major Depressive Disorder, Mood Disorder, Dementia with Behavioral Disturbance, Generalized Anxiety Disorder, and Alzheimer's Disease.</p> <p>Medical record review of the Physician's Orders for Resident #26 for December 2018 revealed "...Lorazepam [Ativan] 0.5 mg tablet, 0.5 tab (0.25 mg) [anti-anxiety] by mouth every day as needed..." Further review revealed no stop date, clinical explanation or rationale for continued use.</p> <p>Resident #29 was admitted to the facility on 1/8/18 with diagnoses included Anxiety Disorder and Adjustment Disorder.</p> <p>Medical record review of the Physician's Orders dated 11/8/18 revealed "...Lorazepam 0.5 mg Tablet 1 tab by mouth Twice Daily As Needed..." Further review revealed no stop date, clinical explanation or rationale for continued use.</p> <p>Resident #30 was admitted to the facility on</p>	F 758			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/02/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445256	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/12/2018
NAME OF PROVIDER OR SUPPLIER HARTSVILLE CONVALESCENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 649 MCMURRY BLVD HARTSVILLE, TN 37074		
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F 758	<p>Continued From page 13</p> <p>10/22/18 with diagnoses included Vascular Dementia with Behavioral Disturbance, and Panic Disorder (episodic paroxysmal anxiety).</p> <p>Medical record review of the Physician's Orders for Resident #30 for December 2018 revealed "...Lorazepam 0.5 mg tablet, 1 tab by mouth every 6 hours as needed for Anxiety..." Further review revealed no stop date, clinical explanation or rationale for continued use.</p> <p>Resident #47 was admitted to the facility on 9/7/17 with diagnoses included Vascular Dementia with Behavioral Disturbance, Psychotic Disorder with Delusions, and Generalized Anxiety Disorder.</p> <p>Medical record review of the Physician's Orders dated December 2018 revealed "...Haloperidol [antipsychotic medication] concentrate 2 mg/ml, 0.5 ml by mouth every 3 hours as needed for agitation...Lorazepam 0.5 mg tablet, 1 tab by mouth every 3 hours as needed for anxiety..." Further review revealed no stop date, clinical observation or rationale for continued use.</p> <p>Resident #1 was admitted to the facility on 1/26/18 with diagnoses included Unspecified Dementia with Behavioral Disturbance, Unspecified Psychosis not due to Substance known Physiological condition, Major Depressive Disorder, recurrent, and Anxiety Disorder, unspecified.</p> <p>Medical record review of the Physician's Orders dated December 2018 revealed "...Risperidone [Risperdal] [anti-psychotic medication] 0.25 tablet, 3 tabs by mouth every day for mood disorder...Benzotropine Mesylate [Cogentin]</p>	F 758			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/02/2019
FORM APPROVED
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER HARTSVILLE CONVALESCENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 649 MCMURRY BLVD HARTSVILLE, TN 37074		
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F 758	<p>Continued From page 14</p> <p>[anticholinergic] 2 mg, one tablet by mouth every evening...Escitalopram oxalate [Lexapro] [antidepressant] 10 mg, one tab by mouth every evening...Lorazepam 0.5 mg tab, one tab by mouth at bedtime for anxiety...Risperidone 2 mg, one tab at bedtime (take with Risperidone 0.5 mg to = 2.5 mg total)...Risperidone 0.5 mg tab, one tab by mouth (take with Risperidone 2 mg to = 2.5 mg total)...Trazodone 100 mg, take one tab by mouth at bedtime for sleep..."</p> <p>Medical record review for Resident #1 revealed no side effect, behavior monitoring, clinical explanation, or rationale for continued use.</p> <p>Resident #2 was admitted to the facility on 10/8/18 with diagnoses included Alzheimer's Disease without Behaviors, Unspecified Dementia without Behaviors, Anxiety Disorder, unspecified, and Delirium due to known physiological conditions.</p> <p>Medical record review of the Physician's Orders dated December 2018 revealed "...Mirtazapine [Remeron] 7.5 mg, one tab by mouth at bedtime [anti-depressant given at bedtime for sleep]..."</p> <p>Medical record review for Resident #2 revealed no side effect, clear clinical explanation or medical rationale for continued use.</p> <p>Resident #3 was admitted to the facility on 8/7/18 with diagnoses included Vascular Disturbance, Psychotic Disorder with Hallucinations, Major Depressive Disorder, and Anxiety Disorder.</p> <p>Medical record review of the Physician's Orders dated December 2018 revealed "...Zolof [sertaline] [anti-depressant] 150 mg by mouth</p>	F 758			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/02/2019
FORM APPROVED
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER HARTSVILLE CONVALESCENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 649 MCMURRY BLVD HARTSVILLE, TN 37074		
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F 758	<p>Continued From page 15</p> <p>every morning...Alprazolam 0.5 mg one tablet by mouth twice daily...Remeron 7.5 mg one tablet by mouth at bedtime...Seroquel [Quetiapine] [anti-psychotic] by mouth at bedtime..."</p> <p>Medical record review for Resident #3 revealed no side effect, clinical justification or appropriateness of psychotic or anti-psychotic medications.</p> <p>Resident #4 was admitted to the facility on 12/7/17 with diagnoses included Dementia with Behavioral Disturbance, Anxiety Disorder, Major Depressive Disorder, Mood Disorder, Insomnia, Depression, and Alzheimer's Disease.</p> <p>Medical record review of the Physician's Orders dated December 2018 revealed "...Zoloft 50 mg one tablet by mouth every morning...Clonazepam [Klonopin] 0.5 mg one tablet by mouth at bedtime...Depakote Sprinkles [Valproic Acid] 250 mg daily in evening..."</p> <p>Medical record review for Resident #4 revealed no side effect or behavior monitoring for psychotropic medications, clinical justification or rationale for continued use.</p> <p>Resident #5 was admitted to the facility on 2/14/18 with diagnoses included Dementia with other diseases classified elsewhere with Behavioral Disturbance, Psychotic Disorder with Hallucinations due to known psychological condition, Mood Disorder due to known physiological condition with depressive features, Alzheimer's Disease unspecified, and Insomnia unspecified.</p> <p>Medical record review of the Physician's Orders</p>	F 758			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/02/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445256	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/12/2018
NAME OF PROVIDER OR SUPPLIER HARTSVILLE CONVALESCENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 649 MCMURRY BLVD HARTSVILLE, TN 37074		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 758	<p>Continued From page 16</p> <p>dated December 2018 revealed "...Divalproex Sod [Sodium] 125 mg, 2 capsules by mouth twice daily (Dementia with behaviors)...Quetiapine tab by mouth twice a day...Mirtazapine 7.5 mg, one tab by mouth at bedtime..."</p> <p>Medical record review for Resident #5 revealed no monitoring for side effects, clinical explanation or rationale for continued use.</p> <p>Resident #8 was admitted to the facility on 4/1/15 with diagnoses included Visual Hallucinations, Delusional Disorder, Major Depressive Disorder, and Delirium.</p> <p>Medical record review of the Physician's Orders dated December 2018 revealed "...Seroquel 25 mg tablet by mouth daily...Trazodone 50 mg by mouth at bedtime Insomnia..."</p> <p>Medical record review for Resident #8 revealed no side effect, clinical explanation or rationale for continued use.</p> <p>Resident #9 was admitted to the facility on 2/10/17 with diagnoses included Dementia with Lewy Bodies, Psychotic Disorder with Hallucinations, Mood Disorder and Anxiety Disorder.</p> <p>Medical record review of the Physician's Orders dated 11/13/18 revealed "...Alprazolam 0.25 mg 1 tab by mouth daily as needed..."</p> <p>Medical record review for Resident #9 revealed no side effects, behavior monitoring for psychotropic medications, clinical explanation or rationale for continued use.</p>	F 758			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/02/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445256	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/12/2018
NAME OF PROVIDER OR SUPPLIER HARTSVILLE CONVALESCENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 649 MCMURRY BLVD HARTSVILLE, TN 37074		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 758	<p>Continued From page 17</p> <p>Resident #12 was admitted to the facility on 5/19/17 with diagnoses included Major Depressive Disorder and Anxiety Disorder.</p> <p>Medical record review of the Physician's Orders dated December 2018 revealed "...Sertraline 100 mg, one tab by mouth at bedtime (depression)...Trazodone 50 mg, one tab by mouth at bedtime (insomnia)..."</p> <p>Medical record review for Resident #12 revealed no side effect or behavior monitoring for psychotropic medications, clinical explanation or rationale for continued use.</p> <p>Resident #13 was admitted to the facility on 12/16/15 with diagnoses included Vascular Dementia with Behavioral Disturbance, Major Depressive Disorder, Generalized Anxiety Disorder, Alzheimer's Disease, and Primary Insomnia.</p> <p>Medical Record review of the Physician's Orders for Resident #13 for December 2018 revealed "...Buspirone [Vanspar] [anti-anxiety medication] 7.5 mg tablet, 1 tab by mouth twice daily for Depression/Anxiety...Paroxetine [Paxil] 40 mg tablet, 1 tab by mouth at bedtime [Anti-depressant]...Trazodone 100 mg tablet, 1 tab by mouth at bedtime for Insomnia..."</p> <p>Medical record review for Resident #13 revealed no side effect or behavior monitoring for psychotropic medications, clinical explanation or rationale for continued use.</p> <p>Resident #14 was admitted to the facility on 10/30/14 with diagnoses included Dementia with Behavior Disturbances and unspecified</p>	F 758			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/02/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445256	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/12/2018
NAME OF PROVIDER OR SUPPLIER HARTSVILLE CONVALESCENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 649 MCMURRY BLVD HARTSVILLE, TN 37074		
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F 758	<p>Continued From page 18</p> <p>Psychosis not due to substance or known physiological condition.</p> <p>Medical record review of the Physician's Orders dated December 2018 revealed "...Olanzapine [Zyprexa] [antipsychotic medication] 5 mg tablet, one tab by mouth or per tube daily at 6 pm [psychosis]...Lorazepam 0.5 mg tablet, one tab by mouth at bedtime..."</p> <p>Medical record review for Resident #14 revealed no side effect or behavior monitoring for psychotropic medications, clinical explanation or rationale for continued use.</p> <p>Resident #17 was admitted to the facility on 2/22/17 with diagnoses included Vascular Dementia with Behavioral Disturbance, and Anxiety Disorder.</p> <p>Medical record review of the Physician's Orders dated December 2018 revealed "...Depakote Sprinkles 125 mg 2 caps by mouth twice daily for behaviors...Remeron 15 mg by mouth at bedtime for depression..."</p> <p>Medical record review for Resident #17 revealed no side effect, behavior monitoring for psychotropic medications, clinical explanation or rationale for continued use.</p> <p>Resident #18 was admitted to the facility on 9/20/18 with diagnoses included Alzheimer's Disease, Dementia, Mood Disorder, and Anxiety Disorder.</p> <p>Medical record review of Resident #18 Physician's Orders dated December 2018 revealed "...Ativan 0.5 mg by mouth at bedtime</p>	F 758			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445256	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/12/2018
NAME OF PROVIDER OR SUPPLIER HARTSVILLE CONVALESCENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 649 MCMURRY BLVD HARTSVILLE, TN 37074		
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F 758	<p>Continued From page 19 for anxiety ...Zoloft 50 mg by mouth at bedtime for depression..."</p> <p>Medical record review for Resident #18 revealed no side effect or behavior monitoring for psychotropic medications, clinical explanation or rationale for continued use.</p> <p>Resident #20 was admitted to the facility on 5/12/18 with diagnoses included Generalized Anxiety Disorder, Pseudobulbar Affect, Schizoaffective Disorder, Bipolar Disorder, Dementia without Behavior Disturbance.</p> <p>Medical record review of the Physician's Orders dated December 2018 revealed "...Nuedexta [anti-psychotic medication] 20 mg-10 mg capsule, one cap by mouth every 12 hours...Quetiapine 50 mg tablet, one tab by mouth at bedtime...Trazodone 50 mg tablet, one tab by mouth at bedtime...Fetzima [anti-depressant medication] 40 mg cap 24 H, take one cap by mouth every day..."</p> <p>Medical record review for Resident #20 revealed no side effect or behavior monitoring for psychotropic medications, clinical explanation or rationale for continued use.</p> <p>Resident #21 was admitted to the facility on 8/1/18 with diagnoses included Bipolar Disorder, Paranoid Schizophrenia, Anxiety Disorder, and Dementia with Behavioral Disorder.</p> <p>Medical record review of Physician's Orders dated December 2018 revealed "...Remeron [anti-depressant] 15 mg by mouth at bedtime..."</p> <p>Medical record review for Resident #21 revealed</p>	F 758			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445256	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/12/2018
NAME OF PROVIDER OR SUPPLIER HARTSVILLE CONVALESCENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 649 MCMURRY BLVD HARTSVILLE, TN 37074		
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F 758	<p>Continued From page 20</p> <p>no side effect or behavior monitoring for psychotropic medications, clinical explanation or rationale for continued use.</p> <p>Resident #23 was admitted to the facility on 6/9/17 with diagnoses included Insomnia, Vascular Dementia with Behavioral Disturbance, and Generalized Anxiety Disorder.</p> <p>Medical record review of the Physician's Orders dated December 2018 revealed "...Cymbalta [anti-depressant medication] 60 mg one capsule at bedtime...Remeron 7.5 mg one tablet at bedtime...[duplicate anti-depressant medication]"</p> <p>Medical record review for Resident #23 revealed no side effect or behavior monitoring for psychotropic medications, clinical explanation, or rationale for continued use.</p> <p>Resident #26 was admitted to the facility on 6/22/16 with diagnoses included Major Depressive Disorder, Mood Disorder, Dementia with Behavioral Disturbance, Generalized Anxiety Disorder, and Alzheimer's Disease.</p> <p>Medical record review of the Physician's Orders for Resident #26 for December 2018 revealed "...Divalproex 125 mg cap sprinkles 4 caps (500 mg) by mouth twice daily, Dx: Behaviors...Lorazepam 0.5 mg tablet, 1 tab by mouth every day nightly at 8 pm...Mirtazapine 15 mg tablet, 1 tab by mouth at bedtime for Depression/Decreased Appetite...Lorazepam 0.5 mg tablet 0.5 tab (0.25 mg) by mouth every day as needed..."</p> <p>Medical record review for Resident #26 revealed no side effect or behavior monitoring for</p>	F 758			

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F 758	<p>Continued From page 21</p> <p>psychotropic medications, clinical explanation or rationale for continued use.</p> <p>Resident #29 was admitted to the facility on 1/8/18 with diagnoses included Anxiety Disorder and Adjustment Disorder.</p> <p>Medical record review of Physician's Orders dated December 2018 revealed "...Ativan 0.5 mg one tablet by mouth twice daily as needed for agitation..."</p> <p>Medical record review for Resident #29 revealed no side effect or behavior monitoring for psychotropic medications, clinical explanation or rationale for continued use.</p> <p>Resident #30 was admitted to the facility on 10/22/18 with diagnoses included Vascular Dementia with Behavioral Disturbance, and Panic Disorder (episodic paroxysmal anxiety).</p> <p>Medical record review of the Physician's Orders for Resident #30 for December 2018 revealed "...Mirtazapine 7.5 mg tablet, 1 tab by mouth at bedtime for appetite...Quetiapine 200 mg tablet, 1 tab by mouth twice a day, Dementia/Behaviors...Lorazepam 0.5 mg tablet, 1 tab by mouth every 6 hours as needed for Anxiety..."</p> <p>Medical record review for Resident #30 revealed no side effect or behavior monitoring for psychotropic medications, or rationale for continued use</p> <p>Resident #31 was admitted to the facility on 11/13/15 with diagnoses included Anxiety Disorder and Insomnia.</p>	F 758			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 758	<p>Continued From page 22</p> <p>Medical record review of the Physician's Orders for Resident #31 for December 2018 revealed "...Trazodone 50 mg tablet, 1 tab by mouth at bedtime..."</p> <p>Medical record review for Resident #31 revealed no side effect or behavior monitoring for psychotropic medication, clinical explanation or rationale for continued use.</p> <p>Resident #34 was admitted to the facility on 7/6/17 with diagnoses included Depressive episodes.</p> <p>Medical record review of the Physician's Orders dated December 2018 revealed "...Zoloft 50 mg, one tablet every day at bedtime..."</p> <p>Medical record review for Resident #34 revealed no side effect or behavior monitoring for psychotropic medications, clinical explanation or rationale for continued use.</p> <p>Resident #35 was admitted to the facility on 9/8/15 with diagnoses included Anxiety Disorder, and Major Depressive Disorder.</p> <p>Medical record review of the Physician's Orders for Resident #35 for December 2018 revealed "...Trazodone 50 mg tablet, 1 tab by mouth at bedtime for insomnia..."</p> <p>Medical record review for Resident #35 revealed no side effect or behavior monitoring for psychotropic medications, clinical explanation, or rationale for continued use.</p> <p>Resident #36 was admitted to the facility on</p>	F 758			

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F 758	<p>Continued From page 23</p> <p>4/14/17 with diagnoses included Major Depressive Disorder and Anxiety Disorder.</p> <p>Medical record review of the Physician's Order dated December 2018 revealed "...Sertraline [anti-depressant medication]100 mg tablet, one tab by mouth every day (depression)...Trazodone 50 mg tablet, give 0.5 tab (25 mg) by mouth at bedtime[duplicate anti-depressant medication]..."</p> <p>Medical record review for Resident #36 revealed no side effect or behavior monitoring for psychotropic medications, clinical explanation or rationale for continued use.</p> <p>Resident #37 was admitted to the facility on 9/9/18 with diagnoses included Vascular Dementia with Behavioral Disturbance and Post-Traumatic Stress Disorder.</p> <p>Medical record review of Resident #37 Physician's Orders dated December 2018 revealed "...Remeron 15 mg by mouth at bedtime..."</p> <p>Medical record review for Resident #37 revealed no side effect or behavior monitoring for psychotropic medications, clinical explanation or rationale for continued use.</p> <p>Resident #38 was admitted to the facility on 9/21/11 with diagnoses included Vascular Dementia with Behavioral Disturbance, Schizophrenia, Drug Induced Movement Disorder, and Psychotic Disorder with Hallucinations.</p> <p>Medical record review of the Physician's Orders for Resident #38 for December 2018 revealed</p>	F 758			

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F 758	<p>Continued From page 24</p> <p>"...Benztropine Mesylate 2 mg tablet unit-dose 1 tab by mouth twice daily [Extrapyramidal Disorders]...Fluphenazine [anti-psychotic medication] 2.5 mg tablet, 1 tab by mouth twice daily...Divalproex Sodium 500 mg tablet unit-dose 1 tab by mouth at bedtime with 375 mg to equal 875 mg dose [Mood]...Divalproex Sodium 125 mg tablet unit-dose 3 tabs by mouth at bedtime with 500 mg to equal 875 mg dose..."</p> <p>Medical record review for Resident #38 revealed no side effect or behavior monitoring for psychotropic medications, clinical explanation or rationale for continued use.</p> <p>Resident #40 was admitted to the facility on 6/1/17 with diagnoses included Anxiety Disorders, Epilepsy, Major Depressive Disorder, and Obsessive Compulsive Disorder.</p> <p>Medical record review of the Physician's Orders dated December 2018 revealed "...Lexapro 10 mg one tablet by mouth at bedtime...Zyprexa [anti-psychotic medication] 5 mg one tablet by mouth at bedtime..."</p> <p>Medical record review for Resident #40 revealed no side effect or behavior monitoring for psychotropic medications, clinical explanation or rationale for continued use.</p> <p>Resident #41 was admitted to the facility on 9/12/18 with diagnoses included Depression.</p> <p>Medical record review of the Physician's Orders dated December 2018 revealed "...Escitalopram Oxalate 10 mg tablet 1 tab by mouth every day..."</p> <p>Medical record review for Resident #41 revealed</p>	F 758			

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F 758	<p>Continued From page 25</p> <p>no side effect or behavior monitoring for psychotropic or antipsychotic medications.</p> <p>Resident #43 was admitted to the facility on 10/7/18 with diagnoses included Major Depressive Disorder.</p> <p>Medical record review of the Physician's Orders dated December 2018 revealed "...Effexor [anti-depressant medication] 150 mg one capsule daily..."</p> <p>Medical record review for Resident #43 revealed no side effect or behavior monitoring for psychotropic medications, clinical explanation or rationale for continued use.</p> <p>Resident #47 was admitted to the facility on 9/7/17 with diagnoses included Vascular Dementia with Behavioral Disturbance, Psychotic Disorder with Delusions, and Generalized Anxiety Disorder.</p> <p>Medical record review of the Physician's Orders dated December 2018 revealed "...Sertraline 25 mg tablet, 1 tab by mouth every morning...Haloperidol 0.5 mg tablet, 1 tab by mouth three times daily for Delusions...Haloperidol concentrate 2 mg/ml, 0.5ml by mouth every 3 hours as needed for agitation...Lorazepam 0.5 mg tablet, 1 tab by mouth every 3 hours as needed for anxiety..."</p> <p>Medical record review for Resident #47 revealed no side effect or behavior monitoring for psychotropic medications, clinical explanation or rationale for continued use.</p> <p>Resident #48 was admitted to the facility on</p>	F 758			

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F 758	<p>Continued From page 26</p> <p>10/12/18 with diagnoses included Altered Mental Status, Vascular Dementia, and Major Depressive Disorder.</p> <p>Medical record review of the Physician's Orders dated December 2018 revealed "...Zoloft 2 tablets (200 mg) by mouth every day anxiety...Xanax 0.5 mg by mouth 1 tablet by mouth twice daily...Trazadone 150 mg by mouth at bedtime for Insomnia..."</p> <p>Medical record review for Resident #48 revealed no side effect or behavior monitoring for psychotropic medications, clinical explanation or rationale for continued use.</p> <p>Resident #49 was admitted to the facility on 7/11/12 with diagnoses included Anxiety Disorder and Paranoid Schizophrenia.</p> <p>Medical record review of the Physician's Orders dated December 2018 revealed "...Escitalopram 10 mg tablet, 1 tab by mouth every day...Olanzapine 5 mg tablet, 1 tab by mouth every morning...Lorazepam 0.5 mg tablet, 1 tab by mouth three times daily for Anxiety...Olanzapine 7.5 mg tablet, 1 tab by mouth at bedtime (Schizophrenia)..."</p> <p>Medical record review for Resident #49 revealed no side effect or behavior monitoring for psychotropic medications, clinical explanation, or rationale for continued use.</p> <p>Interview with the Director of Nursing on 12/11/18 at 5:40 PM in her office confirmed there were no antipsychotic or psychotropic monitoring for side effects or behaviors and the nurses are to do the monitoring. She states, "I thought the monitoring</p>	F 758			

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F 758	Continued From page 27 effects or behaviors and the nurses are to do the monitoring. She states, "I thought the monitoring of side effects of psychotropic and antipsychotic meds were on the behavior monitoring sheet." Telephone interview with the Nurse Practitioner (NP) on 12/12/18 at 2:21 PM confirmed the NP stated "...typically there is a stop date..." Further interview confirmed the NP stated "...I have not rewritten the order after 14 days, if that has to happen the attending will have to do that every 14 days..." Further interview revealed the NP expected to be notified of any changes in mental status.	F 758			
F 802 SS=F	Sufficient Dietary Support Personnel CFR(s): 483.60(a)(3)(b) §483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.60(a)(3) Support staff. The facility must provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. §483.60(b) A member of the Food and Nutrition Services staff must participate on the interdisciplinary team as required in § 483.21(b) (2)(ii). This REQUIREMENT is not met as evidenced by:	F 802			

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F 802	<p>Continued From page 28</p> <p>Based on observation and interview, the facility dietary department failed to dispose of expired food; failed to serve cold food at or less than 41 degrees Fahrenheit (F); failed to maintain equipment and serving utensil in a sanitary manner; and failed to operate the dish machine per manufacturer's recommendation, revealed the dietary department staff did not show competency and skill set to safely carry out the functions of the dietary department in 3 of 6 observations.</p> <p>The findings include:</p> <p>Interview with the Dietary Manager on 12/10/18 at 8:50 AM in the dietary department revealed the Dietary Manager was hired on 9/24/18 and was not a Certified Dietary Manager (CDM) but was enrolled in the correspondence course to become a CDM.</p> <p>Observation and interview on 12/10/18 at 8:50 AM, with the Dietary Manager present, in the dietary department walk-in refrigerator revealed a 5 pound commercial container of egg salad with the expiration date of 11/17/18 and was available for use.</p> <p>Observation on 12/10/18 at 12:08 PM in the dietary department revealed the resident mid-day meal trayline was in operation and the residents in the dining room had been served the mid-day meal. Observation revealed the dietary cook obtained the cold food temperatures of the cottage cheese on the peaches at 52.5 degrees F and the milk was 42.9 degrees F. Further observation revealed the trayline resumed operation and the cottage cheese with peaches and milk were placed on the residents trays and</p>	F 802	<p>F802</p> <p>The facility will employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition services, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required</p> <p>The facility must provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. a member of the Food and Nutrition Services staff will participate on the interdisciplinary team as required</p> <p>1. Dietary staff will be in-serviced on the appropriate time frame that foods must be disposed of after being opened; on the appropriate temps that hot & cold foods must be served at; the appropriate procedure to use when operating the dish machine, & how/when the kitchen equipment should be cleaned in the kitchen</p> <p>2. The staff's competency and skill set to safely carry out the functions of the dietary department will be evaluated by the dietary manager and/or</p>		

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F 802	<p>Continued From page 29</p> <p>Based on observation and interview, the facility dietary department failed to dispose of expired food; failed to serve cold food at or less than 41 degrees Fahrenheit (F); failed to maintain equipment and serving utensil in a sanitary manner; and failed to operate the dish machine per manufacturer's recommendation, revealed the dietary department staff did not show competency and skill set to safely carry out the functions of the dietary department in 3 of 6 observations.</p> <p>The findings include:</p> <p>Interview with the Dietary Manager on 12/10/18 at 8:50 AM in the dietary department revealed the Dietary Manager was hired on 9/24/18 and was not a Certified Dietary Manager (CDM) but was enrolled in the correspondence course to become a CDM.</p> <p>Observation and interview on 12/10/18 at 8:50 AM, with the Dietary Manager present, in the dietary department walk-in refrigerator revealed a 5 pound commercial container of egg salad with the expiration date of 11/17/18 and was available for use.</p> <p>Observation on 12/10/18 at 12:08 PM in the dietary department revealed the resident mid-day meal trayline was in operation and the residents in the dining room had been served the mid-day meal. Observation revealed the dietary cook obtained the cold food temperatures of the cottage cheese on the peaches at 52.5 degrees F and the milk was 42.9 degrees F. Further observation revealed the trayline resumed operation and the cottage cheese with peaches and milk were placed on the residents trays and</p>	F 802	<p>F 802:</p> <p>the RD's until the staff member can either show the competency required or be replaced if staff member cannot demonstrate the skill set required. The dietary manager will be enrolled in an approved CDM correspondence course</p> <p>3. The dietary staff competency will be Reviewed during the weekly QAPI Meeting for one (1) month with Interventions as necessary.</p> <p>4. The QAPI's findings & recommendations will be presented during the upcoming QA meeting for one (1) quarter with any recommendations from the QA quarterly meeting reviewed/discussed,</p>	1-18-19	

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F 802	Continued From page 30 indicating no sanitizer was dispensed into the dish machine. Interview with the dietary staff member operating the dish machine revealed the dish machine was to wash and rinse at 140 degrees and the sanitizer was to be at 300 ppm. Review of the dish machine operation log revealed the recorded wash temperature was 130 degrees F, rinse temperature was 100 degrees F, and the ppm were not documented 3 times daily since October 2018. Interview with the Dietary Manager confirmed the dietary staff failed to accurately document the wash, rinse and ppm for the sanitizer. Interviews with the Dietary Manager during the various observations on 12/10/18 and 12/11/18 regarding the expired egg salad, equipment and utensil sanitation, the dish machine operation and sanitizer level, the lack of dietary staff knowledge regarding what the dish machine recommendations were, and the service of the cold food exceeding 41 degrees F, confirmed the dietary staff had not competently carried out the dietary functions. Interview with the Administrator on 12/12/18 at 4:00 PM in her office revealed the facility had not enrolled the Dietary Manager in the CDM correspondence course as yet.	F 802			
F 804 SS=E	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;	F 804			

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F 804	Continued From page 31 §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility dietary department failed to serve cold food, for resident meals, at or less than 41 degrees Fahrenheit (F) in 1 of 2 meals observed. The findings include: Observation on 12/10/18 at 12:08 PM in the dietary department revealed the resident mid-day meal trayline was in operation and the residents in the dining room had been served the mid-day meal. Observation revealed the dietary cook obtaining the food temperatures on the trayline. Further observation revealed the cottage cheese on the peaches was 52.5 degrees F and the milk stored on a thin layer of ice in a plastic container was 42.9 degrees F. Further observation revealed the trayline resumed operation and the cottage cheese with peaches and milk were placed on the residents' trays and the trays for the 200 hall were placed into the meal delivery cart. Interview with the Dietary Manager on 12/10/18 at the time of the observation confirmed the cottage cheese with the peaches and milk were placed in the meal delivery cart for the 200 hall and the food temperatures were not served at a safe temperature at or below 41 degrees F.	F 804	F 804 The facility will provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident 1. Dietary personnel will be in-serviced on the correct temperature for serving cold and/or hot food. They will be instructed that it is unacceptable to serve food that doesn't meet the required temperature standard whether cold or hot food. Dietary personnel will be periodically in-serviced throughout the year to ensure their understanding of the required food temperature standards. 2. The RD's, dietary manager and NHA will monitor & document the food temperatures for one (1) month with immediate interventions when/if temperatures are found to be outside the accepted food temperature standard. 3. The findings from the food temp monitoring will be reviewed during the weekly QAPI/IDT meeting with any recommendations noted for one (1). 4. Any recommendations noted during the weekly QAPI meeting will be discussed with the RD's, dietary manager and will be reviewed/discussed during the upcoming quarterly QA with interventions as appropriate.		1-18-19
F 812 SS=F	Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements.	F 812			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 812	<p>Continued From page 32</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, review of the dish machine manufacturer's recommendation, review of the dish machine operation log, and interview, the facility dietary department failed to dispose of expired food; failed to maintain equipment in a sanitary manner; failed to store serving utensils in a sanitary manner; and failed to operate the dish machine according to the manufacturers recommendation for 3 of 6 dietary department observations.</p> <p>The findings include:</p> <p>Observation and interview on 12/10/18 at 8:50 AM, with the Dietary Manager present, in the dietary department walk-in refrigerator revealed a 5 pound commercial container of egg salad with the expiration date of 11/17/18 was available for service. Interview with the Dietary Manager confirmed the egg salad was past the expiration date and needed to be removed and disposed of on 11/18/18.</p> <p>Observation and interview on 12/10/18 at 12:30</p>	F 812	<p>F 812</p> <p>Our facility will procure food from sources approved or considered satisfactory by federal, state or local authorities</p> <p>(i) this may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) this provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food handling practices.</p> <p>(iii) this provision does not preclude residents from consuming foods not procured by the facility.</p> <p>(i) 2 Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>1. Dietary staff will be in-serviced on the importance of monitoring the expiration date on food products & on the requirement that all equipment in the kitchen must be kept clean & in good working order including following the dish machine manufacture's recommendations on the wash & rinse temperatures.</p> <p>The convection oven has been replaced with a new oven.</p> <p>2. The dietary manager, RD's & administrator will monitor the staff's procedures and the cleanliness of the equipment with immediate interventions as needed for one (1) month, then periodically by the RD's throughout the year.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 812	<p>Continued From page 33</p> <p>PM, with the Dietary Manager present, in the dietary department revealed 2 pieces of equipment on a production counter covered with plastic. Interview with the Dietary Manager revealed the plastic covered equipment was considered clean and ready to use. Further observation of the uncovered slicer revealed dried debris on the blade of the slicer. Further observation of the uncovered mixer revealed dried debris on the underside of the beater arm and in the mixing bowl. Further observation of the toaster revealed both crumb trays were full of crumbs. Interview with the Dietary Manager revealed the staff had been looking for the crumb trays but didn't know where they were located. Further observation of a plastic container containing multiple service utensils, including scoops, revealed dried debris inside the scoop bowl and various dried debris in the storage container. Further observation revealed the convection oven interior, 4 racks, and the interior of the doors, had an accumulation of dried debris. Interview with the Dietary Manager confirmed the dietary department failed to maintain the equipment and serving utensils in a sanitary manner.</p> <p>Observation and interview on 12/11/18 at 8:40 AM, with the Dietary Manager present, in the dietary department dishroom revealed the dish machine was in operation. Review of the dish machine posted manufacturer's recommendation revealed the wash and rinse temperature at a minimum was 120 degrees Fahrenheit (F) and 50 parts per million (ppm) Chlorine sanitizer. Further observation revealed the sanitizer test strip did not react to the sanitizer indicating no sanitizer was dispensed into the dish machine. Interview with the Dietary manager confirmed the dish</p>	F 812	<p>3. The findings from the monitoring will be reviewed during the weekly QAPI meeting for 1 month, thereafter the dietary manager will bring any issues that may arise in the dietary department to the weekly QAPI meetings.</p> <p>4. The findings & recommendations from the weekly QAPI meetings will be presented to the next upcoming quarterly QA meeting with any recommendations the committee might offer.</p>		1-18-19

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 812	Continued From page 34 machine was not dispensing the sanitizer chemical.	F 812	F 880 The facility will establish and maintain an infection prevention & control program designed to provide a safe, sanitary & comfortable environment and to help prevent the development and transmission of communicable diseases and infections.		
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported;	F 880	Our facility will establish an infection prevention & control program (IPCP) that will include, at a minimum, the following elements: (a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections & communicable diseases for all residents, staff, volunteers, visitors, & other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to 483.70(e) & following accepted national standards (a)(2) Written standards, policies, & procedures for the program, which must include, but are not limited to (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility. (ii) When and to whom possible incidents of communicable disease or infections should be reported. (iii) Standard & transmission-based precautions to be followed to prevent spread of infections (iv) When & how isolation should be used for a resident; including but not limited to (A) The type & duration of the isolation, depending upon the infection agent or organism involved, & (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 880	<p>Continued From page 35</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on facility policy review, medical record review, observation and interview, the facility failed to maintain infection control due to staff failing to use Personal Protective Equipment while administering an injection for 1 resident (#11) of 9 residents reviewed. The facility failed to date and maintain oxygen/nebulizer equipment in</p>	F 880	<p>under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. (a)(4) A system for recording incidents identified under the facility's IPCP & the corrective actions taken by the facility. (e) Personnel must handle, store, process, & transport linens so as to prevent the spread of infection. (f) The facility will conduct an annual review of its IPCP & update their program, as necessary.</p> <p>1. The nursing staff will be in-serviced on infection prevention protocol relating to the PPE & the proper cleaning, storage & dating of oxygen/nebulizer equipment in a sanitary manner. The in-service will include; the correct process for writing & transcribing MD orders regarding oxygen use; Changing out oxygen tubing, nebulizer tubing, water canister weekly as ordered by the MD complete with the date, time, & initials.</p> <p>2. The DON/designee will monitor this process for one (1) month then will assign a specific person to be responsible for the process for the remaining year.</p> <p>3. The DON will bring her findings to the weekly QAPI meeting with any issues/changes she may have made in the process for one (1) month as well as the person assigned to continue the monitoring process.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 880	<p>Continued From page 36</p> <p>a sanitary manner for 5 residents (#30, #35, #43, #47, #48) of 7 residents receiving respiratory treatment.</p> <p>The findings include:</p> <p>Review of an undated facility policy, Infection Prevention Standards, revealed "...Gloves are to be worn and changed between patients..."</p> <p>Review of an undated facility policy, Oxygen Administration, revealed "...At regular intervals, check and clean oxygen equipment, masks, tubing and cannula..."</p> <p>Observation on 12/10/18 at 12:24 PM at the 200 Hall nurses station revealed Registered Nurse (RN) #2 administered an insulin injection without wearing gloves.</p> <p>Interview with RN #2 on 12/10/18 at 12:25 PM at the 200 Hall nurses station revealed gloves were to be worn when giving an injection. RN #2 confirmed, "...I knew I was to wear gloves when I gave him the insulin, and I have some in my medicine cart, but he was so antsy to get to the dining room I didn't take the time to get them out and put them on..."</p> <p>Interview with the Director of Nursing on 12/12/18 at 8:30 AM in her office stated, "...The nurses are to wear gloves when giving any injection..."</p> <p>Medical record review revealed Resident #30 was admitted to the facility on 10/22/18, discharged to the hospital on 11/2/18, and readmitted to the facility with diagnoses include Diastolic Congestive Heart Failure and Pneumonia.</p>	F 880	4. The DON's findings will be reviewed by the QA committee during their next upcoming meeting.	1-18-19	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 880	<p>Continued From page 37</p> <p>Medical record review of the Admission Physicians Orders dated 10/22/18 revealed "...Duoneb INH [respiratory medication treatment by inhalation] 3 ml [milliliters] by inhalation q 6 hr [every 6 hours] PRN [as needed] SOB/Wheezing [Shortness of Breath]..."</p> <p>Medical record review of the November 2018 recapitulation Physician Orders, signed but undated by the physician service, revealed "...Ipratropium-Albuterol [Duoneb] 0.5-3 mg [milligrams]/3 Ampul-Neb [Nebulizer] Inhale 1 - vial via nebulizer every 6 hours as needed..." initiated "...10/22/18," and "...Clean mask after each use per facility protocol..." initiated "...10/22/18..."</p> <p>Medical record review of the Admission Physicians Orders dated 11/6/18 revealed the diagnosis of Pneumonia and "...O2 [Oxygen] at 2 LPM [Liters Per Minute] via NC [Nasal Cannula] PRN...Change O2 tubing and bottle weekly on Saturday 11 [PM] -7 [AM] shift..."</p> <p>Medical record review of the December 2018 recapitulation Physician Orders, signed but undated by the physician service, revealed no orders for oxygen as prescribed on 11/6/18. Further review revealed "...Ipratropium-Albuterol 0.5-3 mg/3 Ampul-Neb Inhale 1 vial via nebulizer every 6 hours as needed SOB/Wheezing..." initiated on 10/22/18; "...Clean mask after each use per facility protocol..." initiated 11/6/18; "...Ipratropium-Albuterol 0.5-3 mg/3 1 unit dose nebulizer tx (3 ml) every 6 hours..." initiated 11/8/18; and "...clean mask after each use per facility protocol..." initiated 11/8/18.</p> <p>Medical record review of the November 2018</p>	F 880			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 880	<p>Continued From page 38</p> <p>Medication Administration Record (MAR) revealed the nebulizer treatments were administered from 11/6/18 to 11/30/18. Further review revealed the oxygen at 2 LPM via NC PRN was not on the MAR or the Treatment Administration Record (TAR) for November 2018.</p> <p>Medical record review of the December 2018 TAR revealed no administration of oxygen; the oxygen tubing and water canister were changed on 12/8/18; and the nebulizer tubing was changed on 12/8/18.</p> <p>Medical record review of the December 2018 MAR revealed the Duoneb given q 6 hrs was administered, unless refused, as ordered; no documentation of the mask cleaning for the q 6 hr treatment was documented; and there were no administrations of the PRN Duoneb.</p> <p>Observation on 12/10/18 at 9:45 AM revealed Resident #30 was not in his room, and an oxygen concentrator was present with the water canister dated 11/10/18 and the tubing was dated 11/24/18.</p> <p>Continued observation revealed the nebulizer tubing was dated 11/24/18. Further observation on 12/11/18 at 7:30 AM revealed the resident in the room and the oxygen concentrator water canister and tubing, as well as the nebulizer tubing dates were the same as the prior observation.</p> <p>Interview with Licensed Practical Nurse (LPN) #2 on 12/11/18 at 4:30 PM at the 200 nursing station revealed Resident #30 had the oxygen ordered on 11/6/18 with a change in tubing every Saturday on the 11-7 shift. Review of the December 2018 TAR revealed the tubing was changed on</p>	F 880			

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F 880	<p>Continued From page 39</p> <p>12/8/18. Further interview in the resident's room confirmed the water canister was dated 11/10/18 and the tubing was dated 11/24/18 not the 12/8/18 as indicated in the TAR.</p> <p>Interview with the Assistant Director of Nursing (ADON) on 12/11/18 at 4:35 PM in the ADON office when asked if Resident #30 had oxygen orders when he was readmitted the ADON confirmed he did "...at 2 LPM and the tubing and water canister were to be changed weekly on Saturday on the 11-7 shift..." When asked if the oxygen had been discontinued the ADON stated "No." When asked if the December 2018 physician recapitulation orders included Oxygen confirmed "...they did not..." When asked where the oxygen administration, the tubing, and the water canister change were to be documented the ADON stated "...in the TAR..." When asked if the resident was receiving nebulizer treatments the ADON confirmed "...every 6 hours and another for as needed..." When asked if the nebulizer tubing and mask were to be changed the ADON confirmed "...every week on Saturday on the 11-7 shift..." Further interview confirmed there was no oxygen administration, tubing change, or water canister change documented in the November 2018 TAR. Further interview confirmed the November TAR had no documentation of the nebulizer tubing or mask changes. Further interview in Resident #30's room confirmed the oxygen water canister was dated 11/10/18 and the tubing was dated 11/24/18. Further interview confirmed the nebulizer mask was dated 11/24/18. When asked if she would consider an oxygen water canister dated 11/10/18 acceptable for a resident with a compromised respiratory system the ADON stated "...absolutely not..."</p>	F 880			

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F 880	<p>Continued From page 40</p> <p>Observation on 12/12/18 at 1:17 PM in Resident #30's room revealed the oxygen concentrator water canister and tubing were not dated.</p> <p>Medical record review revealed Resident #35 was readmitted to the facility on 8/25/18 with diagnoses included Chronic Diastolic Congestive Heart Failure and Chronic Obstructive Pulmonary Disease.</p> <p>Medical record review of the November and December 2018 recapitulation Physician's Orders revealed the following orders were initiated on 8/27/18 "...Change nebulizer tubing every week on Saturday on 11-7 shift, if used...Ipratropium-Albuterol [Duoneb] 0.5-3mg/3 ampul-neb inhale 1 vial via nebulizer four times daily, Clean mask after each use per facility protocol...Ipratropium-Albuterol 0.5-3 mg/3 ampul-neb inhale 1 vial as needed, Clean mask after each use per facility protocol..."</p> <p>Observation on 12/10/18 at 10:24 AM revealed Resident #35 in his room and the nebulizer mask was not bagged. Further observation on 12/10/18 at 3:42 PM, 12/11/18 at 4:54 PM, and 12/12/18 at 11:55 AM revealed the nebulizer mask was not bagged and was stored in contact with the overbed table top.</p> <p>Interview with the ADON on 12/11/18 at 4:54 PM in Resident #35's room confirmed the nebulizer mask was stored in contact with the overbed table and not bagged.</p> <p>Medical record review revealed Resident #43 was admitted to the facility on 4/9/12 and readmitted to the facility on 10/7/18 with diagnoses include</p>	F 880			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 880	<p>Continued From page 41</p> <p>Pneumonia, Malignant Neoplasm of Bronchus and Lung, and Chronic Obstructive Pulmonary Disease.</p> <p>Medical record review of a Physician's Telephone Order dated 11/17/18 revealed "...Duoneb Tx [treatment] inhalation q 6 hr prn...Clean mask after each use per facility protocol..."</p> <p>Medical record review of the November 2018 MAR revealed the Duoneb was administered on 11/17/18 and 11/23/18.</p> <p>Observation on 12/10/18 at 10:05 AM revealed Resident #43 was in the room in bed, and the nebulizer was stored on the bedside table with the mask in contact with the nebulizer. Further observation revealed the nebulizer mask and tubing were not bagged or dated. Observation on 12/11/18 at 7:49 AM revealed the nebulizer was stored on the overbed table with the mask not bagged or dated.</p> <p>Interview with the ADON on 12/11/18 at 4:52 PM in Resident #43's room confirmed the nebulizer mask was on the bedside table not bagged or dated.</p> <p>Medical record review revealed Resident #47 was admitted to the facility on 9/7/17, discharged to the hospital on 10/23/18, and readmitted to the facility on 10/26/18 with diagnoses included Chronic Respiratory Failure, Palliative Care, Pneumonitis, and Cerebrovascular Disease.</p> <p>Medical record review of Resident #47's Physician's Telephone Order dated 10/26/18 and the unsigned 11/2018 recapitulation Physician's Orders revealed "...02 at 2 liters/minute via nasal</p>	F 880			

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F 880	<p>Continued From page 42</p> <p>cannula prn...Duoneb inhalation 3 ml q 6 hr..."</p> <p>Further review of the Physician's Telephone Orders dated 11/27/18 revealed "...Ipratropium-Albuterol [Duoneb] inhalation 0.5-3mg (2.5mg base)/3ml, 1 vial, q 4 PRN..."</p> <p>Medical record review of the November 2018 MAR revealed no PRN O2 was administered and the every 6 hour Duoneb was administered as ordered until 11/27/18 with the notation "DC" (discontinued) although there was not an order to DC. Further review of the December 2018 MAR revealed no PRN Duoneb was administered, no PRN O2 was administered, and the every 6 hour Duoneb had been marked "DC."</p> <p>Observation on 12/10/18 at 9:40 AM, 12/10/18 at 2:56 PM, and on 12/11/18 at 7:20 AM, revealed Resident #47 in the room in bed with an oxygen concentrator present. Further observation revealed the oxygen tubing and water canister were not dated. Further observation revealed the nebulizer was stored on the geri-chair seat or the dresser with the tubing and mask in direct contact of the seat or dresser. Further observation revealed the nebulizer tubing and mask were not dated or bagged.</p> <p>Interview with the ADON on 12/11/18 at 4:50 PM in Resident #47's room confirmed the "...nebulizer mask was not bagged or dated yesterday so I had the staff change it..." Further interview confirmed the nebulizer mask was not dated currently. Further interview confirmed the oxygen tubing and water canister were not dated.</p> <p>Medical record review revealed Resident #48 was admitted to the facility on 10/12/18 with diagnoses included Chronic Obstructive Pulmonary Disease,</p>	F 880			

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F 880	Continued From page 43 Acute Respiratory Failure with Hypoxia, Acute and Chronic Respiratory Failure with Hypercapnia, Chronic Pulmonary Edema, and Personal History of Pneumonia. Medical record review of the physician's orders dated 9/30/18 revealed "...Change O2 tubing and bottle every week on Saturday on 11-7 shift if used..." Medical record review of the physician's orders dated 10/12/18 revealed "...O2 at 3 LPM via nasal cannula continuously or as needed..." Observation and interview with the ADON on 12/11/18 at 4:59 PM in Resident #48's room confirmed the nasal cannula tubing was not dated.	F 880			
F 908 SS=D	Essential Equipment, Safe Operating Condition CFR(s): 483.90(d)(2) §483.90(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by: Based on facility policy review, observation and interview, the facility failed to properly secure and store 2 of 3 oxygen tanks at the 200 Hall nurses station. The findings include: Review of an undated facility policy, Oxygen Storage, revealed, "...Cylinders for this center are stored in the basement and must be secured in racks or by chains..."	F 908			

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F 908	<p>Continued From page 44</p> <p>Observation on 12/10/18 at 10:00 AM, 12:15 PM, 1:00 PM and 2:50 PM, revealed two unsecured oxygen tanks sitting on the floor behind the nurses desk on 200 Hall.</p> <p>Interview with Registered Nurse #2 on 12/10/18 at 2:50 PM at the 200 Hall nurses station revealed "...oxygen tanks are kept at the nurses desk in case a resident needs it, when the tank gets empty they just sit there until someone comes to pick it up and takes it to storage."</p> <p>Interview with the Director of Nursing on 12/10/18 at 2:58 PM in her office stated, "...the portable oxygen tanks are kept at the nurses station for the residents..." When asked how the oxygen tanks were stored when not in use she stated, "...They are stored downstairs in the storage room..."</p>	F 908	<p>F 908</p> <p>The facility will maintain all mechanical, electrical, & patient care equipment in safe operating condition.</p> <p>1. Nursing staff will be in-serviced on the safe storage of portable oxygen canisters at the nurses stations</p> <p>2. The DON/designee will monitor how the oxygen canisters are being stored at the nurses stations for one (1) month, then periodically during the upcoming year.</p> <p>3. The DON will review her findings during the weekly QAPI meeting for 1 month with any recommendations from the committee discussed.</p> <p>4. The DON will review her findings During the upcoming quarterly QA Committee meeting. The Recommendations from the QAPI Committee will be reviewed & Implemented as necessary.</p>	1-18-19	